

FY2011 VOCA Subgrant Award Report
(July 1, 2010 – June 30, 2011)
Federal Grant Number: _____

Subgrantee Agency Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Type of Agency:

Criminal Justice/Government:	Law Enforcement	_____
	Prosecution	_____
Non-Criminal Justice:	Non-profit	_____
	Hospital	_____
Tribal/Native American:		_____
Other (please specify):	_____	

Amount of VOCA award: \$ _____

Amount of cash match: \$ _____

Amount of in-kind match: \$ _____

TOTAL match: \$ _____

Purpose of VOCA Subgrant Award:

- _____ Start a new victim services project
- _____ Continue a VOCA-funded victim services project funded in a previous year
- _____ Expand/Enhance an existing project not funded by VOCA in the previous year
- _____ Start up a new Native American victim services project
- _____ Expand/Enhance an existing Native American victim services project

These VOCA funds will primarily be used to:

- _____ Expand services into a new geographic area
- _____ Offer new type(s) of services
- _____ Serve additional victim populations
- _____ Continue existing services to crime victims
- _____ Other (please specify): _____

VOCA staff: _____ Number of paid staff (full-time equivalent)
_____ Number of volunteers (full-time equivalent)

Other sources of funding:

Federal (excluding VOCA)	\$ _____
State	\$ _____
Local	\$ _____
Other	\$ _____

(over)

Priority Requirements/Victimization Type: **% of total victims** **Amount of award**
(This relates to victims served through this VOCA award. % of victims must total 100%. Amount of award should be the proportionate amount of award based on the % of victims.)

Child physical abuse	_____ %	\$ _____
Child sexual abuse	_____ %	\$ _____
Domestic violence	_____ %	\$ _____
Adults sexual assault	_____ %	\$ _____
DUI/DWI crashes	_____ %	\$ _____
Survivors of homicide victims	_____ %	\$ _____
Assault	_____ %	\$ _____
Adults molested as children	_____ %	\$ _____
Elder abuse	_____ %	\$ _____
Robbery	_____ %	\$ _____
Other violent crime	_____ %	\$ _____
TOTAL	<u>100</u> %	\$ _____

Services Provided through this Subgrant *(check all that apply):*

Crisis counseling	_____
Follow-up contact	_____
Therapy	_____
Group treatment	_____
Crisis hotline/counseling	_____
Shelter/Safehouse	_____
Information & Referral (in person)	_____
Criminal justice support/advocacy	_____
Emergency financial assistance	_____
Emergency legal advocacy	_____
Assistance in filing compensation claims	_____
Personal advocacy	_____
Telephone contact/info & referral	_____
Other	_____